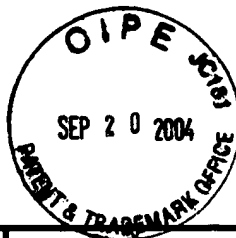
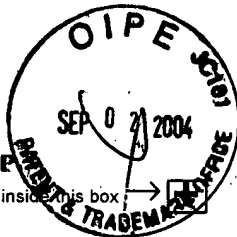


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AT/ 1614 JFW

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/019,613
Filing Date	May 7, 2002
First Named Inventor	Marin
Group Art Unit	1614
Examiner Name	Henley III, Raymond
Attorney Docket Number	A34894-PCT-USA (072745.0128)

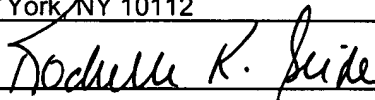
Total Number of Pages in This Submission

**ENCLOSURES (check all that apply)**

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|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
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Remarks ☐**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual nameBakerBotts LLP  
30 Rockefeller Plaza  
New York, NY 10112

Signature

Att Name: Rochelle K. Seide  
PTO Reg: 32,300

Date

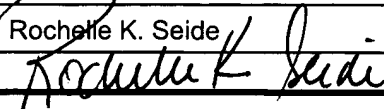
Sept. 17, 2004

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: Sept. 17, 2004

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Rochelle K. Seide

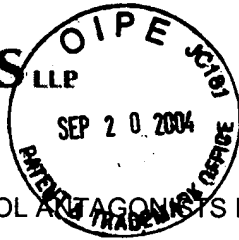
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Date

Sept. 17, 2004

**BAKER BOTTS**



Attorney Docket Number: A34894-PCT-USA (072745.0128)

Title:

USE OF CORTISOL ANTAGONISTS IN THE TREATMENT OF HEART FAILURE

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